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## BIB DATA SHEET

CONFIRMATION NO. 5494

<b>SERIAL NUMBER</b> 10/574,862	<b>FILING or 371(c) DATE</b> 04/06/2006 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 017191.0049
<b>APPLICANTS</b> Micheal J. Puglia, Granger, IN; Linda Anderson-Mauser, Elkhart, IN; Solomon H. Murphy, Spring, TX; Ronald G. Sommer, Elkhart, IN; Shannon Gleason, Jones, MI; Please change to <u>Michael J. Puglia</u> Thanks. Sharon Wen				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/24881 07/29/2004 which claims benefit of 60/511,835 10/16/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/19/2006				
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> KELLEY DRYE & WARREN LLP 400 ATLANTIC STREET, 13TH FLOOR STAMFORD, CT 06901 UNITED STATES				
<b>TITLE</b> Monoclonal antibodies for detection of urinary trypsin inhibitors				
<b>FILING FEE RECEIVED</b> 2510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 10/574,862	<b>FILING OR 371(c) DATE</b> 04/06/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 017191.0049	
<b>APPLICANTS</b> Michael J. Puyia, Granger, IN; Linda Anderson-Mausser, Elkhart, IN; Solomon H. Murphy, Spring, TX; Ronald G. Sommer, Elkhart, IN; Shannon Gleason, Jones, MI;					
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<b>ADDRESS</b> 47670					
<b>TITLE</b> Monoclonal antibodies for detection of urinary trypsin inhibitors					
<b>FILING FEE RECEIVED</b> 2510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		